**FEC** 

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Impeach the Assole P.O. Box 1000 ADDRESS (number and street) (Check if address is changed) Taylorville 62568 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS trumprapedme2@mailinator.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00636019 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Pesce, Angelo, M51256, Dr., Type or Print Name of Treasurer Pesce, Angelo, M51256, Dr., [Electronically Filed] 03 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FFO	Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE O	F COMMITTEE	. ugo <b>=</b>
Candid	ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidat	e	
Candidat Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e [	
Party C	committee:	(Danasa ::
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	ındraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
C	ommittees Participating in Joint Fundraiser	
1	L L L L L L L L L L L L L L L L L L L	
2	FEC ID number	
3	FEC ID number	
4		

Write or Type Committee Name  Impeach the Assole  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  NONE  Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Pesce, Angelo, M51256, Dr.,  Full Name  P.O. Box 1000  Mailing Address  P.O. Box 1000  Title or Position  CITY STATE ZIP CODE	FEC <b>Form 1</b> (Revis	sed 02/2009)	Page <b>3</b>
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE    City   State   ZiP CODE			
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Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Pesce, Angelo, M51256, Dr., Full Name Mailing Address  P.O. Box 1000  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer Pesce, Angelo, M51256, Dr., Full Name of Treasurer Pesce, Angelo, M51256, Dr.,  Full Name of Treasurer Pesce, Angelo, M51256, Dr.,  Traylorville II. (62568 P.)  Traylorville II. (62568 P.)  Traylorville II. (62568 P.)  Traylorville III. (62568 P.)	NONE		
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Pesce, Angelo, M51256, Dr., Full Name  P.O. Box 1000  Mailing Address  P.O. Box 1000  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  P.O. Box 1000  P.O. Box 1000  Title or Position  CITY  STATE  ZIP CODE  Title or Position	Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Full Name  P.O. Box 1000  Mailing Address    Taylorville		Identify by name, address (phone number optional) and position of the person in	n possession of committee
Mailing Address    P.O. Box 1000			
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  Pesce, Angelo, M51256, Dr.,  Taylorville  Taylorville  CITY  STATE  ZIP CODE  Title or Position			
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Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Pesce, Angelo, M51256, Dr., of Treasurer  Mailing Address  P.O. Box 1000  CITY STATE ZIP CODE  Title or Position			
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any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  P.O. Box 1000  Taylorville  CITY  STATE  ZIP CODE  Title or Position		Telephone number	
of Treasurer  Mailing Address  P.O. Box 1000  Taylorville  CITY  STATE  ZIP CODE  Title or Position	B. <b>Treasurer:</b> List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	ne name and address of
Mailing Address  Taylorville  CITY  STATE  ZIP CODE  Title or Position		e, Angelo, M51256, Dr.,	
CITY STATE ZIP CODE Title or Position	Mailing Address	P.O. Box 1000	
CITY STATE ZIP CODE Title or Position			
Title or Position		Taylorville IL 625	68
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	

FEC FOII	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Pesce, Angelo, M51256, Dr.,	
Agent Mailing Address	PO Box 1000	
Mailing Address		
	Taylorville , IL , 62568	
		ZIP CODE
Title or Position	CITT STATE	ZII VUDĖ
<ul> <li>Banks or Other safety deposit be Name of Bank,</li> </ul>		s accounts, rents
	Chase Bank	
Mailing Address	12 Wall Street	
	new York NY 10211	
	CITY STATE	ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank,		ZIP CODE
		ZIP CODE
Name of Bank,  Mailing Address		ZIP CODE
		ZIP CODE